



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

NAMIBIA

With an adult HIV prevalence of more than 22 percent, projected to increase to 24 percent by the 2002 sentinel surveillance, Namibia is now among the five countries most affected by HIV/AIDS in the world, in terms of percentage of total population living with the disease. Although the first four cases of HIV infection in Namibia were reported as early

as 1986, the vast majority of cases have been reported in the past three years. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that by the end of 2001, 200,000 Namibians aged 15-49 were living with the disease. Women accounted for 54 percent of these cases.

From 1990 to 2010, AIDS will increase the crude death rate in Namibia by more than 233 percent. As the number one cause of death for Namibians since 1996, AIDS will cause average life expectancy to drop by 24 years by 2005. The number of reported deaths due to HIV/AIDS in the 15- to 49-year age group continues to increase and now accounts for 47 percent of all deaths in hospitals.

HIV prevalence among pregnant women in Windhoek—a major urban area and the capital of Namibia—increased from 4 percent in 1991-92 to 31 percent in 2000. In rural areas, median HIV prevalence among pregnant women was 19 percent in 2000. Data from the 2000 sentinel survey indicates that the epidemic is spreading and deepening. In one southern region of the country, HIV infection rates have more than doubled since 1998, from 7 percent to 16 percent.

By 2010, infant mortality in Namibia is expected to be at least 59 percent higher than it would have been without AIDS. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV. According to a Ministry of Health and a UNICEF situation analysis, as of 2002, Namibia has approximately 82,000 orphans and vulnerable children, of which more than 62 percent (61,380) have lost their mother or both parents to AIDS. That statistic is expected to increase to 73 percent by 2005. UNAIDS reports that by the end of 2001, 30,000 children in Namibia were living with HIV/AIDS.

A Ministry of Finance calculation of expected direct and indirect costs reveals that Namibia can expect to lose as much as N\$1 billion (US\$12.5 million) to the epidemic by 2003, a substantial challenge to a newly formed country with a fragile economy and a relatively untrained human resource base.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2002)	250,000
Total Population (2001 Census)	1.8 million
Adult HIV Prevalence (end 2001)	22.5%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	44.6%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	22.7%

Sources: UNAIDS, U.S. Census Bureau



Map of Namibia: PCL Map Collection, University of Texas

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National Response

Namibia launched a National AIDS Control Program shortly after gaining independence in 1990. The program, housed in the Primary Health Care Division within the Ministry of Health and Social Services, was charged with national prevention and care efforts. A medium-term plan developed in 1992 served as the main framework of operation until 1999 when the President launched a national strategic plan, covering the 1999-2004 period. This strategic plan lays out a multi-sectoral response to the epidemic.

The national strategic plan stipulates that all 13 regional governors are members of the National Multisectoral AIDS Coordinating Committee and are responsible for producing regional strategic plans of action.

A variety of nongovernmental organizations (NGOs) are pursuing HIV/AIDS activities in Namibia, and the private sector is becoming more active in the response to HIV/AIDS. Several firms have successfully put HIV workplace policies into effect, particularly in the mining and fishing sectors.

Despite a high level of political commitment to addressing HIV/AIDS, a great deal of stigma continues to surround the epidemic and those living with the disease. According to UNAIDS, very few Namibians have spoken publicly about HIV/AIDS. The country does not yet have a national program for voluntary counseling and testing (VCT), but the European Union (EU) funding, GTZ/Population Service International, and the Centers for Disease Control and Prevention, at the request of the Ministry of Health and Social Services, will begin implementing programs at the end of 2002. Due to widespread stigma and denial, most people prefer not to know their HIV status.

In 2002, UNAIDS reported that the Government of Namibia was spending US\$25 million a year on HIV/AIDS prevention, care, and services. Examples of Namibia's HIV/AIDS prevention and care activities include:

- The *Take Control* Namibian HIV/AIDS Media Campaign uses television, billboards, radio, and print media to educate and inform people about actions they can take to prevent HIV/AIDS.
- The National Social Marketing Program promotes condoms through commercial marketing techniques, including radio, television, and print media.
- The Social Marketing Association provides education, training, and information on HIV/AIDS through radio shows and health awareness events in villages.
- The Namibian Chamber of Commerce works to mobilize the private sector to expand its response to HIV/AIDS.
- The Council of Churches of Namibia has established HIV/AIDS committees, trained pastors and lay people in counseling, and set up a VCT center in the capitol city of Windhoek. More than 200 people have been tested since 2001.
- Lironga Eparu (Learning to Survive), a Namibian network of people living with HIV/AIDS, was launched in November 2001.
- The National AIDS Coordination Program and the Namibia Network of AIDS Service Organizations support programs to train health workers and counselors in HIV/AIDS prevention, care, and support.
- The Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level supports community-based actions on prevention, care and support to orphans.
- The National AIDS Coordination Program distributed 11.2 million condoms (the Government of the Republic of Namibia procures condoms) in 2001 through family planning services, health services, government sectors, NGOs, and private companies.
- In 2001, Namibia launched a comprehensive program to prevent mother-to-child-transmission of HIV. It is the stated intention of the Ministry of Health and Social Services (MoHSS) to expand treatment to mothers and fathers. The program will use a combination of interventions, including treatment with antiretroviral drugs, safe delivery practices, counseling and support, and safer infant feeding methods. The MoHSS plans to implement this program in 30 hospitals; activities were recently initiated in two sites with a goal of reaching 500 HIV-positive pregnant women.

USAID Support

In FY 2001, the U.S. Agency for International Development (USAID) launched a new program designed to assist Namibia in its multisectoral HIV/AIDS prevention and care efforts. Originally designed to target only one key geographic region (including Walvis Bay and neighboring coastal areas), the USAID program was redesigned in conjunction with the Government of Namibia to counteract the burgeoning spread of HIV/AIDS across a wider geographic area.

As designed, USAID's program has a multisectoral emphasis (working with seven different ministries) and consists of three core components: Behavioral Change; Capacity Development; and Comprehensive Care and Support for Orphans and Vulnerable Children (OVC). The program is being implemented in three regions, which represents about 20 percent of the total population (based on 2001 Preliminary Census Report of Namibia), and includes five key municipalities: Windhoek, Walvis Bay, Swakopmund, Ongwediva, and Oshakati. The initial beneficiaries are youth (primarily school-based) and labor (primarily private sector), with a special focus on girls and women in the communities. Ultimately, the aim is to create linkages between the activities of youth and labor working with municipalities and local NGOs, and the activities of other community groups. These linkages will create the environment for an integrated community-based approach to address the HIV/AIDS epidemic in Namibia.

USAID allocated \$1.5 million to HIV/AIDS activities in Namibia in FY 2002, \$2.425 million (consisting of \$1.525 operating year budget [OYB] and \$900 thousand in Education for Development and Democracy Initiative [EDDI] funds) in FY 2001, and \$1.5 million (consisting of \$1 million OYB and \$500 thousand in EDDI funds) in FY 2000.

USAID supports the following country programs:

Advocacy

Legal assistance and advocacy are supported by:

- Formulating and drafting policies and legislation to address HIV/AIDS rights and discrimination in the workplace;
- Providing legal advice and litigation services for OVC, their families, caretakers, and people living with HIV/AIDS, and training community paralegals in that regard; and
- Engaging in advocacy on behalf of the HIV-infected; and expanding the advocacy capacity of NGOs. USAID, in partnership with UNICEF and at the request of the Ministry of Information and Broadcasting, supported and participated in the development of the National HIV/AIDS Communications Strategy.

Behavior Change Communication

USAID promotes behavior change through peer education and outreach activities (e.g., training, community forums, radio variety programs written and produced by youth, newspapers, and other media, and corporate social responsibility programs), as well as through activities to reduce stigma. Interventions assist target groups in assessing their risk levels, making decisions about options for reducing risk levels, and addressing fears about the social consequences of living publicly with HIV/AIDS. USAID, in partnership with the University of Namibia and the College of Arts of the Ministry of Basic Education, Sports and Culture, is supporting the development of a radio program on HIV/AIDS and lifestyles that targets secondary school and university age youth.

Capacity Building

USAID supports building the institutional and programmatic capacity of Namibian NGOs to provide among other things, counseling, training, and peer education services. Other activities include: disseminating and training regarding Government protocols on HIV/AIDS testing and treatment; and funding and promoting assessments of the impact of HIV/AIDS on various institutions (such as municipalities) and sectors (such as education and health). USAID is working with the University of Namibia to increase its research capacity.

In addition, USAID provides funding, technical and other support to policymakers for the Government's Global Fund submissions, the mid-term review of the National HIV/AIDS Strategy, and an impact assessment of the health sector. USAID also provides funding to education professionals to reduce the impact of HIV/AIDS on the education sector;

expand HIV/AIDS prevention activities in Namibia's schools, such as curriculum development for ages 10-14; and support the Regional AIDS Education Committees (RACE).

Orphans and Vulnerable Children

USAID, in previously working with the MoHSS, and now working with the Ministry of Women's Affairs and Child Welfare through NGOs, seeks to mobilize and build community capacity to address the needs of orphans and vulnerable children in Namibia. Programs at the local level help keep children in school, strengthen psychosocial and other support systems, and ensure that families and children themselves are aware of and able to exercise their rights. At the national level, USAID supports the OVC National Secretariat, annual conferences, and the development of an OVC draft policy.

Challenges

UNAIDS cites a number of challenges to HIV/AIDS prevention and care efforts in Namibia:

- As a result of Namibia's history of apartheid, the country now faces a critical shortage of skilled human resources in the sectors critical to responding to the HIV/AIDS epidemic. It may be many years before there is a large enough pool of skilled personnel to manage large, complex programs with a sense of urgency and accountability.
- Similar to many other sectors in Namibia, the local NGO community suffers from lack of human resources and limited capacity to oversee activities and account for funds.
- Continuing stigma surrounding HIV/AIDS hinders the country's prevention and care efforts.
- Information and educational activities using mass media have focused primarily on the capital city of Windhoek and other regional capitals, and have not reached rural areas. Video vans and other media need to use indigenous languages in rural communities.
- Although people generally have positive attitudes about condoms and condom use, this attitude has not yet translated into behavior change.
- Cultural and religious beliefs affect attitudes toward condom use and negotiation.
- Social marketing and free distribution of condoms do not always ensure that marginalized populations have access to condoms.

Selected Links and Contacts

1. USAID/Namibia: C. Kirk Lazell, PHN Officer. *U.S. address:* DOS/USAID, 2540 Windhoek Place, Dulles, Va., 20189-2540. *Local address:* 6th Floor, Southern Life Tower, 39 Post Street Mall, Windhoek, Namibia. Tel: (264) 61-273-715, Fax: (264) 61-227-006, Website: www.usaid.gov/na.
2. National AIDS Program: Dr. Norbert Forster, Under Secretary, Ministry of Health and Social Services, P/Bag 13198, Windhoek, Namibia. Tel: (264) 61-203-9111, Fax: (264) 61-231-784
3. Catholic AIDS Action: Lucy Steinetz, Co-Director, Contact Person, 17 Jan Jonkerweg, Windhoek, Namibia
Tel: (264) 61-276-350, (264) 61-276-364
4. Lirongo Eparu (Learn To Survive) Namibian Network of People Living with HIV/AIDS (NNP+): M. Emma Tuahepa, Contact Person. P.O. Box 61592, Katutura, Windhoek, Namibia. Tel: (264) 61-261122/234198, Fax: (264) 61-261778, E-mail: nanaso@mweb.com.na

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com*

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